
Survey of Hawaii Physicians' Attitudes on Health Care Reform

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Hawaii is more important in health care than its size suggests. It is the first state in the U.S. to have mandated employer-funded health insurance for all workers, and to realize near universal coverage for residents. Because of that, the U.S. can benefit from the experience of those who deliver health services to the people of Hawaii. To determine some of the problems in the current system and what physicians see as solutions, a study of the attitudes and experiences of local physicians was conducted.

Introduction

Health care reform is likely to be one of the most hotly debated issues of the decade. It is something that most people are passionate about for good reason: the outcome will affect everyone deeply, whether they are medical professionals or consumers. As the current system of care is subjected to increased scrutiny and various political and special-interest groups continue to emerge, the core issues and possible solutions will undoubtedly change rapidly, just as they have over the past year.

Unfortunately, physicians thus far have played only a minor role in the reform process, often pushed aside by the bureaucrats and lobbyists who have their own agendas. People appear to have forgotten the physician's place in all of this, the knowledge, experience and insights that should be gathered from those who will have to carry out whatever changes are eventually mandated.

The purpose of this project is to offer a small remedy to this problem, to take a look at what a sampling of Hawaii's doctors believe are the shortcomings of the present system, and what the solutions are that will serve us best.

Methodology

The method selected for gathering data for this study was a mailed self-administered survey of a random sampling of local physicians. One hundred eighty questionnaires were mailed; 101 were returned, for a 56% response. A sample of 100 physicians out of the total population of approximately 1,600

Oahu doctors who are in private sector practice gives a reliability of plus or minus about 9 percentage points at the 95% confidence level.¹ However, because of the homogeneity of the data (in many instances high proportions of the respondents gave similar answers), the reliability is substantially greater than the calculated plus or minus 9 percentage points.

A complete listing of physicians with mailing addresses was not available. To generate the sample, the alphabetized listing of Oahu's doctors from the Yellow Pages of the telephone book was integrated with a directory of Kaiser doctors. From this combined listing, the names and addresses of questionnaire recipients were selected by systematically pulling every ninth name, to come up with a total of 180 physicians for the mailing.

Objectives

The survey accomplished the following objectives:

- Identified problems affecting the consumer that physicians perceive to be the most in need of reform
- Identified problems that are a top priority for reform because they affect physicians and their practices
- Determined opinion about how much change the current system needs and how large a part government should play in this effort
- Provided information about how reform might affect various aspects of a physician's life and practice
- Established which actions physicians want taken to implement change
- Provided demographic information on physicians and their practices, to permit an internal comparison of how such factors as years in practice, type of practice, annual income, and other matters affect opinion.

Overview of Survey Results

- Physicians appear to be passionate about health care reform—based on the language they used to answer many of the questions—whether they favor or oppose the various options under consideration by Congress.
- The two top issues identified as critical health care problems in an open-ended question were the rising costs of care and the need for universal coverage.
- Tort/malpractice came up frequently, too, as an area critically requiring reform.
- The top priorities for change (in response to a closed-ended question) were tort and medical liability; health insurance for those who can't afford it; and the overuse and abuse of health care services by consumers.
- Many physicians are resentful about HMO's dominance in the market here, and that carrier's effect on fees and treatment decisions.

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- There is a strongly held belief that government is involved too much in health care and that reform should not be orchestrated at the federal level.

- Despite the animosity that doctors expressed about government intervention, most of them nonetheless observed that Hawaii's government-mandated health plan has resulted in a system with more good points than bad.

- A substantial majority believes the nation's health care system as it is now works fairly well and needs only limited change rather than a complete rebuilding.

- Hawaii physicians are surprisingly unenthusiastic about the satisfaction they get right now from the practice of medicine, and they anticipate even fewer rewards in the future.

- Most physicians believe that in the coming years they will have less freedom in treatment decisions, lower earnings, and more paperwork. A lesser majority also predicts the overall quality of patient care to be diminished in the future.

- Earnings for Hawaii physicians are right at parity with those reported nationally. The physicians with the highest incomes in Hawaii are men, those in practice more than 10 years, specialists, and those working on a fee-for-service basis.

Physicians' Attitudes on Health Care Reform

The questionnaire opened with a request that physicians cite in their own words what it is they consider to be the single-most critical problem in health care delivery in the United States. The advantage of such an open-ended question is that it provides the opportunity for respondents to discuss any item without having to adhere to a set of predetermined answers.¹ Physicians' responses were tabulated and grouped into categories, from the highest proportion of response to the least (Table 1).

There are three tiers of concern based on the proportion of

Table 1.—Single-Most Critical Health Care Problem*

	%
• Costs/high costs/affordability	21
• Need for universal coverage/access care not available to all	19
• Need for tort reform/current need for defensive medicine	11
• Gov't regulations and intervention/the politicizing of health care	8
• Insurance company intervention/mismanagement/low reimbursements	7
• Cost/management of extreme cases (neonates, geriatrics, organ transplants, HIV-related, etc)	7
• Consumer practices and abuses (poor health habits, unreasonable expectations, entitlements, etc)	6
• Problems with managed care (paperwork, undermining Dr/Pt relations, lack of autonomy, etc)	6
• Other miscellaneous	11
• No response	5

Sample size: 101

*Note: This open-ended, free-response question asked physicians to cite the single-most critical problem in health care delivery. When multiple answers were given (as was frequently the case) the first problem listed was the one tabulated.

responses. The cost of health care and its availability were each named by roughly two of every 10, putting them in a strong first and second place in the top tier of response (21% and 19%, respectively). The need for tort reform was a *second-tier* response cited by more than one in 10 of all physicians (11%), but far behind the two dominant issues of cost and access.

Every other health care delivery problem was named by fewer than 10%. The politicizing of health care—intervention by government—was in fourth place, named as the number-one problem by 8%, followed by complaints about insurance carriers such as HMSA (7%), and the costs attributable to the

Table 2.—How Much Change to the U.S. Health Care System is Needed

	Hawaii %	Nationally ³ %
No change	2	1
Limited change	75	54
Complete rebuilding	16	45
Not sure/no response	8	
Sample size	101	5,324

management of extreme cases: neonates, geriatrics, transplantation and HIV-related conditions (7%). Consumer practices and abuses were next on the list, implicated by 6% as a critical problem in health care. (Some explanations given were poor health habits such as smoking, improper diet, lack of exercise, and the unreasonable expectations patients have about what medicine can *fix*.) In a tie at 6% were matters related to the burgeoning growth of managed care—that is, the undermining of the doctor-patient relationship, decreased freedom in making clinical decisions, and increases in paperwork.

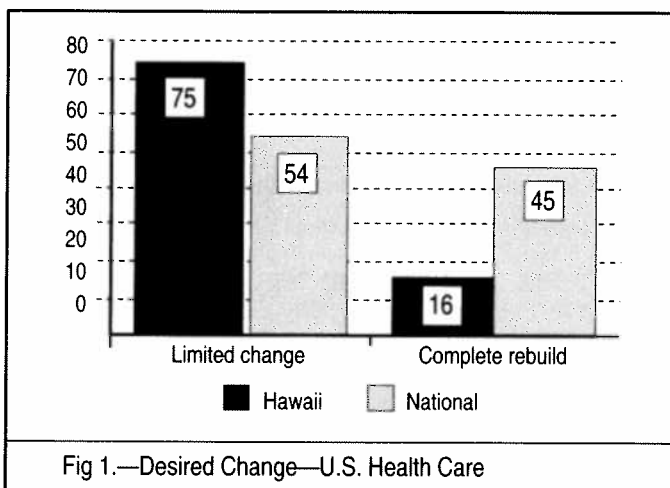
In comparing these local findings with Mainland survey data for 1992,² when a near-identical open-ended question was asked, nearly one-third of U.S. doctors (32%) said that the main problem facing health care is high or rising costs. Hawaii's doctors also saw costs as the primary concern, but they were less strongly focused on that one priority and also said that universal coverage—having care available to all—is virtually as important as rising costs. In contrast, the need for universal coverage was in a distant second-place ranking among Mainland physicians.

The third most-frequently cited problem by Hawaii physicians was that of tort reform and the need to practice defensive medicine (11%). In comparison, only 4% of U.S. physicians said this was of primary concern.

How much change is needed?—Hawaii's physicians strongly advocate only limited change to the U.S. health care system (Table 2).

When asked whether our nation's health care system requires "no change," only "limited change," or "complete rebuilding," 75% opted for just limited change; only 16% said the system needs to be completely rebuilt.

Compared to Mainland doctors,³ local physicians are far less



apt to think the system needs complete rebuilding (Fig 1). Nationally, 45% want to overhaul the entire system.

Federal involvement—the problem or the solution?—According to responses concerning the role of the federal government in health care reform, the consensus among Hawaii physicians is federal government is far too involved in any reform of the nation's health care system. Three in four called the government "too much involved" in reform (Table 3). One in five believe its involvement is "about the right amount" (16%) or is too little (4%).

Table 3.—Attitudes on Federal Government's Involvement in Health Care Reform	
	(%)
Too much involvement	75
About the right amount	16
Too little involvement	4
Not sure/no response	5
Sample size	101

Although the sample size and the homogeneity of responses precluded any extensive cross tabulations with statistical significance, a few trends in the data regarding this question were noted in reviewing the raw percentages. For example, 89% of the youngest group of practicing physicians, those who have been in practice for less than five years, said the federal government's involvement in health care reform was too much, while the group least likely to say "too much government involvement" were the doctors who have been in practice for more than 10 years.

Primary care doctors were slightly more inclined to mention "too much involvement" than their colleagues in specialties (81% versus 73%, respectively). Likewise, physicians whose primary mode of compensation is fee for service claim government over-involvement more frequently than their salaried peers—81% versus 70%, respectively. (The sub-samples these differences are based on are very small, and therefore the findings may be unreliable. They are presented for the reader's interest.)

Consumer issues deemed critical for reform.—The survey respondents were asked to evaluate a list of possible reforms that could be addressed by Congress, and to rate each one as to whether it is a critical need for reform, a need that's "important, but not critical," or whether it is something that does not need

Table 4.—Perceived Importance of Health Reform Issues					
	Insurance for indigent	Consumer abuse/overuse	Coverage for preexisting conditions	Preventive care	Insurance portability
	(%)	(%)	(%)	(%)	(%)
Critically needs reform	59	50	49	44	39
Important but not critical	34	45	49	44	54
Does not need reform	6	6	2	13	5
No response	1				2
sample size	101	101	101	101	101

reform (Table 4). The figures shown on that table are ordered from left to right by the strength of the response—that is, by the proportion of physicians who called each one critical. The category on the far left is therefore the one seen as most critical.

Three issues were viewed as critically important in any reform bill considered by Congress by half or more of the physicians. Top ranked, with 59% calling it critical, is "health insurance for those who cannot afford it." In second place, half of all doctors believe that "overuse, fraud, and abuse by consumers" is of critical concern. Third, "coverage for preexisting conditions" is of critical importance to 49% of physicians.

The four remaining issues evaluated were deemed critical by fewer than half of all respondents. Forty-four percent said that preventive care is a critical issue, and insurance portability is critical to 39% of respondents, followed by caps on health insurance premiums at 26%. At the far right side of Table 4, trailing all other issues, was concern over the ratio of specialists to generalists. That was seen as a critical factor to only 13% of the physicians.

Physician issues deemed a top priority for reform.—Table 5 displays the results of a similar follow-up question that asked doctors to also prioritize a number of issues, but this time they were more directly relevant to physicians than consumers, such as tort reform. The respondents were asked to catalog each item according to whether it was a top priority for change, a moderate priority for change, or a low priority for change. Again, the table is organized from left to right, from the highest priority for change to the lowest.

Physicians obviously are adamant about wanting tort reform for medical liability. More than eight of 10 doctors (84%)

Table 5.—Priority of Health Care Issues Concerning Physician					
	Tort reform/liability	Clinical autonomy/freedom	Reduction in administrative duties	Anti-trust relief	Reimbursements
	(%)	(%)	(%)	(%)	(%)
Top priority for change	84	47	34	28	24
Moderate priority	16	42	48	47	60
Low priority for change		11	19	21	13
No answer		1		5	3
sample size	101	101	101	101	101

isolated this issue as being a top priority for health care reform, and not a single individual rated it lower than a moderate priority. In a distant second place—with 47% calling it a top priority—was clinical autonomy, that is, freedom in doctor-patient relationships. The three other issues discussed here—a reduction in physicians' administrative duties, antitrust relief, and reimbursements—were each called a number-one priority by one-third or fewer of the doctors interviewed. Figure 2 gives a graphic representation of these priorities, showing the dominance of tort reform.

Comparison of critical and top priority issues with Mainland studies.—The last two questions discussed above asked physicians to rate various issues according to their significance to any health care reform bill being considered. For this survey the issues were divided into two groups: those of more concern to consumers and those more directly important to physicians.

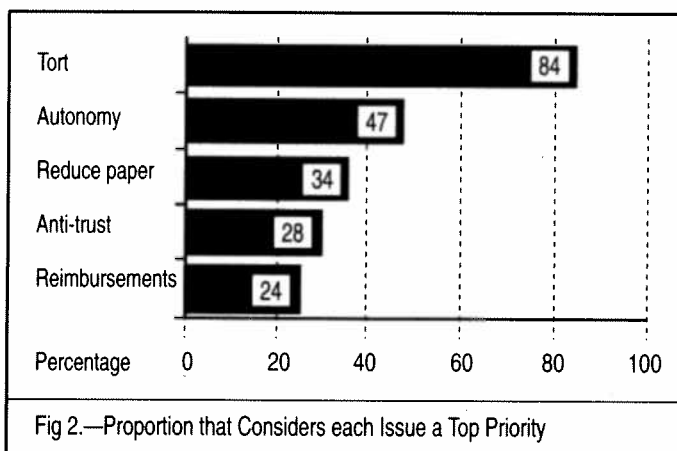


Fig 2.—Proportion that Considers each Issue a Top Priority

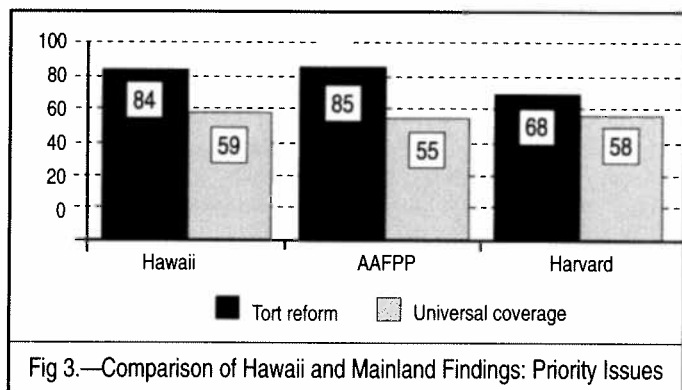


Fig 3.—Comparison of Hawaii and Mainland Findings: Priority Issues

There are national data to compare with these findings (Fig 3), however, those nationwide questions did not separate the issues into consumer and physician areas, but instead grouped them together. Despite this, there are several commonalities: malpractice/tort reform is the first-ranked priority in both the AAFPP survey⁴ and the Harvard School of Public Health/Times Mirror study,⁵ just as it is in Hawaii.

Another similarity is the marked concern physicians have for the provision of health insurance for the indigent and universal coverage. On this issue, responses from Hawaii's physicians were analogous to those cited by the Mainland studies; that is, they all were between the 50th and 60th percentile. Furthermore, more than 50% of Hawaii doctors, like their Mainland counterparts, claim that burdensome regulations, paperwork, and loss of clinical autonomy are high priority problems that should be examined closely.

Hawaii's system—good or bad?—Despite doctors' strong response that there is "too much government involvement in health care" and the pervasive role of government in Hawaii's medical system, more than half the doctors (51%) say the good points of our State's system outweigh the bad (Table 6). This finding is in response to a question that was introduced by the phrase: "Some believe that the health care system here can stand as a model for the nation, while others think the picture is not so good..." Respondents were then asked to decide whether the good points outweighed the bad, the bad points outweighed the good, or whether a balance between good and bad had been attained.

A 51% majority believes the good of the system outweighs the bad, versus only 13% who see it as more bad than good. One-third (33%) said the good points balance the bad points and

Table 6.—Physicians' View of Hawaii's Health Care System	
	(%)
More good than bad	51
More bad than good	13
About equal	33
Not sure/no response	4
Sample size	101

together they are about equal.

Several wrote comments in the margin near this question. One doctor, who agreed that the system here was more good than bad, said that this was "Mainly because our near-universal coverage in Hawaii outweighs the bad points." Another who voted on the same side added: "However, the cost of living goes up, and small businesses may stagger under the burden placed on them." A doctor who said the system was more bad than good also wrote a comment saying, "Hawaii's system works because of the professionalism and the charity of the physicians, not because the system is good."

Solutions to the problems.—The close of this report section show the dominant categories of solutions when physicians were asked to name first, the single-most important action that could be taken to improve health care in Hawaii and, second, the most important action that could be taken toward health care improvement in the United States overall.

For Hawaii, the need for insurance reform was cited more often than any other positive action that could be taken here, and most of the physicians who discussed that issue pointed directly at HMSA as a major culprit. They left little doubt that HMSA's near-monopoly of the medical marketplace is a substantial advantage to that carrier's influence and a significant disadvantage to doctors.

Other actions that were frequently mentioned in connection with improving health care in Hawaii were, once again, tort reform (in second place, following insurance reform), consumer education about good health habits and the real costs of health care (in third place mention), and the need to get the government bureaucracy out of medicine (fourth place).

All other issues were each mentioned by just five or fewer, including that employees should bear more of the cost of their own health services, that managed care has numerous drawbacks, that a single-payer system of health insurance would be desirable, and a score of others.

For the United States as a whole, there were two principal issues of importance named: again, insurance reform came in first (although comments here were more often about universal coverage rather than displeasure with any providers), followed by getting medicine out of the hands of the bureaucracy (which ranked a close second). The remarks about government's intervention were often in colorful terms and the tone in which they were offered showed quite clearly the emotion that surrounds the issue of bureaucratic control.

Opinions about the Future of Health Care

This second section documents responses to a series of questions that asked physicians to predict whether several aspects of health care delivery would be better in the future, worse in the future, or would stay about the same as now.

Physicians say the future of health care is bleak.—Doctors are pessimistic about future working conditions in their profession. For the near future they predict: more paperwork, less freedom to make treatment decisions, a lower income, and reduced quality of patient care (Table 7).

About eight in 10 physicians predict that in the near future they will have less freedom to make treatment decisions concerning patients and will receive lower earnings. More than three in four in (76%) believe that the amount of paperwork they'll have to do

Table 7.—Forecast of Practice Conditions Five Years Down the Road				
	Freedom in treatment decisions	Expected earnings	Amount of paperwork	Quality of patient care
	(%)	(%)	(%)	(%)
More/higher	5	2	76	10
Less/lower	82	79	11	58
Little/no change	11	16	8	27
Not sure/no answer	2	3	5	5
Sample size	101	101	101	101

will increase, too. Although a majority of the doctors also think that the quality of care will decrease in the future, there were fewer expressing pessimism about this matter than about the others. Fifty-eight percent see patient care deteriorating, 27% think patient care is unlikely to change, and 10% believe it will improve.

In every instance there were only small minorities who were optimistic about the future. The least optimism was about future earnings, with just 2% holding the expectation that physician income would increase in the future.

Several trends in these forecast data were noted. The lowest earnings group, those receiving less than \$125,000 per year, and fee-for-service physicians had the most pessimistic outlook toward the future. Primary care doctors showed greater concern about future freedom in treatment decisions than their specialist peers. Specialists were more negative than generalists about earnings and quality of care.

Dismal predictions—a local finding or nationwide trend?—A comparison between Hawaii's doctors and those nationally⁶

show that both groups anticipate a gloomy future. The findings were strongly parallel (Fig 4), with substantial majorities taking the negative side on every issue. The main differences were that Hawaii physicians took an even darker view than their Mainland counterparts about matters of increased paperwork and lower earnings.

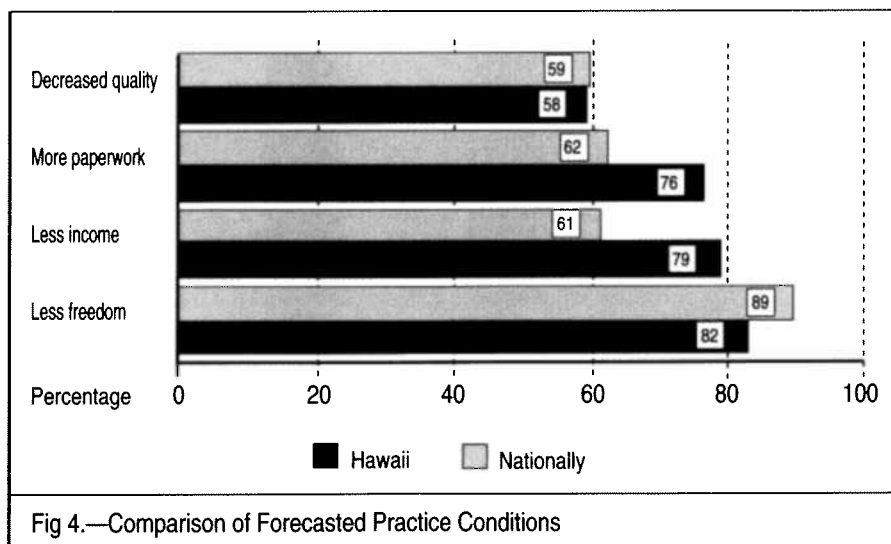
Current and Future Career Satisfaction

To assess their current and anticipated levels of satisfaction from the practice of medicine, physicians were asked to circle a number in a range of one to 10. They were instructed that a number one represented conditions that are "as bad as it gets," and a number 10 was "as good as it gets."

Doctors are not only pessimistic about working conditions in the future, as we saw in the previous report section, they also anticipate reduced enjoyment from the practice of medicine as these figures show. While a 40% plurality places their current satisfaction with the practice of medicine in the 7 to 8 range, looking five years down the road the plurality expects to have job satisfaction they rated below a 5—that is, on the "as bad as it gets" end of the spectrum. Table 8 shows both the percentages who chose each number range from the scale and the mean rating for all respondents combined. (The numbers on the table have been grouped into categories because of the small sub-samples for each individual numeric rating.)

Even the current satisfaction rating, the mean of 6.7, seems

Table 8.—Current and Anticipated Satisfaction from the Practice of Medicine		
	Current satisfaction	Anticipated satisfaction (5 yr. Projection)
	(%)	(%)
Satisfaction rating		
1 to 4	14	38
5 or 6	28	32
7 or 8	40	22
9 or 10	19	9
mean rating	6.7	4.9
sample size	101	101
Key: On a 1 to 10 scale: 1= as bad as it gets, 10= as good as it gets		



lower than anticipated and counterintuitive to what many observers would expect, given doctors' standing in the community and the years they spent preparing for their profession.

Demographic Characteristics of the Survey Population

The demographic characteristics of the physicians who responded to the survey are divided into the following categories: years in practice, type of practice, mode of compensation, gross annual earnings, and sex.

The median time in practice for all physicians in the survey was 14 years. About 60% have practiced for more than 10 years.

Table 9.—Physicians' Annual Earnings by Sex, Years in Practice, Type of Practice and Fee for Service versus Salary

	Total	Men	Women	≤10 yrs in prac	≥10 yrs in prac	Primary care	Specialty	Fee for service	Salary
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
\$ 125,000 or less	33	30	47	45	24	67	18	25	41
125,001- 175,000	27	28	20	18	33	15	32	33	20
More than 175,000	40	42	33	37	43	18	49	41	39
Median income (thousands)	\$157	\$160	\$133	\$139	\$164	\$111	\$174	\$162	\$147
sample	92	77	15	38	54	27	65	51	41

Note: Respondents who declined to name their income have been excluded from the table

There were more specialists responding to this survey than primary care physicians; 70% of all respondents were specialists.

A 54% majority receives compensation on a fee-for-service basis. Among the 46% who are salaried, most work for Kaiser Permanente.

The median annual earnings of Hawaii physicians is \$157,000 (1994 before-tax income from the practice of medicine). That level of income places Hawaii doctors at parity with their Mainland counterparts. According to a study conducted in 1993,⁷ median annual earnings for medical doctors nationally was \$156,000.

Eighty-one percent of respondents were men; 19% were women.

Income Versus Demographics

Table 9 shows the figures physicians reported as their 1994 earnings from the practice of medicine, cross tabulated by other demographic characteristics such as their sex, their years in practice, etc.

The table shows that the highest earners are men, those in practice for more than 10 years, specialists, and the physicians who work on a fee-for-service basis.

The male/female disparity is likely due to two factors: the small number of women doctors in the survey—which makes that data less reliable—and that it is probable that fewer women have been in practice for a lengthy period, since longevity is linked with higher earnings. (Annual median income for women doctors was \$133,000; for men it was \$160,000.)

The factor most related to annual earnings, according to these study results, is whether the physician is in primary care or in a specialty. Primary care doctors' median income is \$111,000 annually while specialists enjoy a median of \$174,000 a year.

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